

**State Court Administrative Office
Trial Court Services
Problem-Solving Courts**



Revising SCAO Grant Budgets

September 2018



This document has been developed to assist Problem-Solving Court Programs and Swift Sure and Sanction Probation Programs with revising budgets. This document breaks the budget down by section and includes items that must appear in each section of the budget. The document also includes shortcuts and tips for building the budget, example budget sections, and instructs what required documentation is needed for claims.

This document is a template for revising budgets and is not inclusive of all scenarios that programs may encounter. If there are any questions on how to revise your budget please submit them to trialcourtservices@courts.mi.gov. Please include the grant type (i.e., MDCGP, OHSP, Byrne JAG, MMHCP, VTC, SSSPP, etc.) when you submit your question.

PERSONNEL

Must include the following:

- Identify whether the personnel charged to the grant is a full-time employee (fte) or part-time employee (pte) with the court.
- Identify whether the personnel charged to the grant is 100% funded by the grant or split between different funding sources.
- Computation for hours and hourly rate.
- Only court employees funded by the grant should appear in this line.
- Specify any unusual or less common expenses like longevity, payouts in lieu of health insurance, payouts of unused leave, etc. that may be offered to the employee. It can be listed in personnel or fringe but must be included in the budget in order to claim the expenses.

Shortcuts:

- Combine all personnel costs in one line and indicate in the narrative justification section the name of each employee, the hourly rate, and hours worked toward the grant.
- Use ranges for hourly rates that include pay increases during the fiscal year (if applicable).

Personnel				Mark as Complete Go to Application Forms Add			
Name	Position	Computation	Request	Other Grant Or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total
Jane Doe/Sam Summer/Chris Pole/Susan Horn	Coordinator/Prob Officer/Case Manager/Drug Tester	see below	\$59,712.66	\$40,727.70	\$0.00	\$0.00	\$100,440.36
			\$59,712.66	\$40,727.70	\$0.00	\$0.00	\$100,440.36

Personnel Justification
<p>Personnel Justification*</p> <p><i>Justify personnel (i.e., wages) associated with the proposed project.</i></p> <p>Jane Doe: Coordinator, FTE (37.5 hours per week) 20% of time will be spent working on the grant while 80% will be spent on court related activities and duties, hourly rate is \$20.15 - \$23.25 (Ranges include estimated rate increases employee may be eligible for during the grant year). Total: \$8,765.25</p> <p>Sam Summer: Probation Officer, FTE (37.5 hours per week), 100% of time will be spent working on the grant, hourly rate is \$15.85-\$16.65 (Ranges include estimated rate increases employee may be eligible for during the grant year). Total \$31,906.31</p> <p>Chris Pole: Case Manager, PTE (20 hours per week), 100% of time will be spent working on the grant, hourly rate will be \$12.35-\$13.03. ((Ranges include estimated rate increases employee may be eligible for during the grant year). Total: \$13,374.40</p> <p>Susan Horn: Drug Tester, PTE (20 hours per week), 50% of time will be spent working on the grant and the other 50% will be dedicated to VTC, hourly rate is \$10.50-11.03 (Ranges include estimated rate increases employee may be eligible for during the grant year). Total: \$5,666.70</p>

OR

Personnel				Mark as Complete Go to Application Forms Add			
Name	Position	Computation	Request	Other Grant Or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total
Jane Doe	Coordinator	390 hours X hourly rate of \$20.15-\$23.25	\$8,765.25	\$35,061.00	\$0.00	\$0.00	\$43,826.25
Sam Summer	Probation Officer	1950 hours x \$15.85-\$16.65	\$31,906.31	\$0.00	\$0.00	\$0.00	\$31,906.31
Chris Pole	Case Manager	1040 hours X \$12.35-\$13.03	\$13,374.40	\$0.00	\$0.00	\$0.00	\$13,374.40
Susan Horn	Drug Tester	520 hours X \$10.15-\$11.03	\$5,666.70	\$5,666.70	\$0.00	\$0.00	\$11,333.40
			\$59,712.66	\$40,727.70	\$0.00	\$0.00	\$100,440.36

Personnel Justification

Personnel Justification*

Justify personnel (i.e., wages) associated with the proposed project.

Jane Doe: Coordinator, FTE (37.5 hours per week) 20% of time will be spent working on the grant while 80% will be spent on court related activities and duties, hourly rate is \$20.15 -\$23.25 (Ranges include estimated rate increases employee may be eligible for during the grant year). Total: \$8,765.25

Sam Summer: Probation Officer, FTE (37.5 hours per week), 100% of time will be spent working on the grant, hourly rate is \$15.85-\$16.65 (Ranges include estimated rate increases employee may be eligible for during the grant year). Total \$31,906.31

Chris Pole: Case Manager, PTE (20 hours per week), 100% of time will be spent working on the grant, hourly rate will be \$12.35-\$13.03. (Ranges include estimated rate increases employee may be eligible for during the grant year). Total: \$13,374.40

Susan Horn: Drug Tester, PTE (20 hours per week), 50% of time will be spent working on the grant and the other 50% will be dedicated to VTC, hourly rate is \$10.50-11.03 (Ranges include estimated rate increases employee may be eligible for during the grant year). Total: \$5,666.70

INFORMATION NEEDED FOR CLAIMS

*****Backup documentation should be uploaded in the same order as it appears on the “request summary.”*****

- General ledger (GL), payroll report (PR), and/or financial report (FR) to support the amount claimed. Reports must be generated from an accounting or payroll software.
- Timesheets for individuals who have their time split between two or more funding sources. Timesheets must show all hours worked toward the grant and other duties related to the other funding source(s).

TIP

- Show your work (handwrite on the GL, PR, FR) if the amount for reimbursement needs explanation/detail.
- Timesheet hours X rate should match the amount being requested for each person.
- Review that the hourly rate for each employee matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.

Fringe

Must include the following:

- Specify any unusual or less common expenses like longevity, payouts in lieu of health insurance, payouts of unused leave, etc. that may be offered to the employee. It can be listed in personnel or fringe but must be included in the budget in order to claim the expenses.

Shortcuts:

- Combine benefits (as listed in the example), especially if it is a small percentage.

Fringe Benefits						
Row	Percentage	Request	Other Grant Or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total
Employer FICA	7.65%	\$4,568.00	\$0.00	\$0.00	\$0.00	\$4,568.00
Retirement	53.0%	\$31,647.00	\$0.00	\$0.00	\$0.00	\$31,647.00
Hospital Insurance	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental Insurance	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vision Insurance	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	65.0%	\$38,813.00	\$0.00	\$0.00	\$0.00	\$38,813.00
Other	0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals		\$75,028.00	\$0.00	\$0.00	\$0.00	\$75,028.00

Fringe Benefits Justification
<p>Fringe Benefits Justification*</p> <p><i>Justify fringe benefit costs associated with the proposed project.</i></p> <p>Other insurance is cumulative for all insurance coverage for all staff charged to grant, based on time worked toward grant.</p>

INFORMATION NEEDED FOR CLAIM

*****Backup documentation should be uploaded in the same order as it appears on the “request summary.”*****

- General ledger, payroll report, and/or financial report to support breakdown of fringe. Reports must be generated from an accounting or payroll software.

TIP

- Show your work (handwrite on the GL, PR, FR) if the amount for reimbursement needs explanation/detail.

Contractual

Must include the following:

- The name of each subrecipient or contractor/vendor that provides a service.
- Rate X unit of service. (A list of services and rates is preferred over a narrative list. Flat rates are prohibited.)
- Rates should be calculated by the hour for individual services (i.e., treatment, defense attorney) or by the day for multiple days for the same service (i.e., residential treatment).
- Identify whether the provider/agency is a subrecipient or a contractor/vendor.

Shortcuts:

- Generally lump subrecipients and/or contractor/vendors that perform the same service into one line item. But note: this may not always be possible to do based on some subrecipients and contractor/vendors who perform multiple services.
- Use ranges for services when possible.
- Review old invoices from subrecipients and contractor/vendors to develop the budget that reflects the structure for services, and make sure to include updated rates and services.

Contractual Add									
Service to be Provided	Contractor(s)	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contributions	Total	Subrecipient	Contractor/Vendor
Substance Use Disorder Treatment	ABC Treatment/Treatment Agency/HOPE	See Narrative Justification	\$50,000.00	\$20,000.00	\$0.00	\$0.00	\$70,000.00	No	Yes
Community Monitoring - devices	123 Watch You/XYZ Monitoring/ABC Eyes	See Narrative Justification	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	No	Yes
Drug Testing	UP Testing/Drug Solutions/Testing Agency	See Narrative Justification	\$75,000.00	\$25,000.00	\$0.00	\$0.00	\$100,000.00	No	Yes
Drug testing and GPS monitoring	Do It All Testing and Monitoring Services	drug tests up to \$15 per test, daily monitoring up to \$7.50	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	No	Yes
Mental Health Services	Mental Health Agency	See Narrative Justification	\$10,000.00	\$30,000.00	\$0.00	\$0.00	\$40,000.00	No	Yes
Peer Support	Adam Smith, Lindsey Jones, Kelly Thomas	300 hours X 15.00 per hour, mileage at the county rate X 100 miles per month	\$5,150.00	\$0.00	\$0.00	\$0.00	\$5,150.00	No	Yes
SUD treatment/drug testing	Can Do Agency	See Narrative Justification	\$12,000.00	\$50,000.00	\$0.00	\$0.00	\$62,000.00	Yes	No
MAT Services	LMC Agency	See Narrative Justification	\$30,000.00	\$0.00	\$1,000.00	\$0.00	\$31,000.00	No	Yes
MAT medication	123 Pharmacy, XYZ Corner Pharmacy, Hometown Pharmacy	See Narrative Justification	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$30,000.00	No	Yes
			\$222,150.00	\$140,000.00	\$1,000.00	\$0.00	\$363,150.00		

Contractual Justification

Contractual Justification*

Justify contractual costs associated with the proposed project.

ABC Treatment/Treatment Agency/HOP: These agencies will provide substance abuse counseling to program participants. It is anticipated that 20 participants will require various services by one of the agencies. $20 \times \$2,500 = \$50,000$. The services they provide will include:

Individual session \$95 - \$120

Group session \$25 - \$35 per group, per participant

Assessment \$150

123 Watch You/XYZ Monitoring/ABC Eyes: These agencies will provide community monitoring through electronic monitoring. All participants are required to be on electronic monitoring for the orientation phase and electronic monitoring may be used when someone is noncompliant and needs extra supervision. It is estimated that 50 participants will require grant funding for this service due to being unemployed or indigent.

Enrollment fee: \$50-\$100

Daily rate \$7.50 -\$10.00

Upload \$1.00 -\$3.00

UP Testing/Drug Solutions/Testing Agency: The testing agencies will provide urine screens, EtG, drug specific single drug testing (such as Kratom, synthetic drugs, etc.), comprehensive testing, and pbts. The testing agencies will provide confirmation testing on disputed tests but only those that are returned negative will be paid for by the grant.

Urine and EtG \$25 - \$35

Specific drug testing \$50 - \$75

Comprehensive panels \$80 - \$110

Confirmation \$25 - \$50

PBT \$5 - \$10

Do It All Testing and Monitoring: The agency will provide drug testing and electronic monitoring for approximately 10 participants. Services include:

Enrollment fee for electronic monitoring \$25 -\$40

Electronic monitoring \$5.50 -\$8.50 per day

Downloads \$1 - \$3

Enrollment fee for drug testing \$100

UA \$10-\$20

EtG \$20-\$35

Confirmation for disputed tests that are returned negative \$35-\$50

Mental Health Agency: mental health services will be provided to up to 10 participants that have co-occurring disorder of mental health and substance use disorders. Services for indigent participants will be paid for by SCAO grant funds and supplemented by the funding unit. Services and rates include:

90791 Adult	Assessment	\$ 300.30
90832 Adult	Mental Health Outpatient care 30 minutes	\$ 79.80
90834 Adult	Mental Health Outpatient care 45 minutes	\$ 137.55
90837 Adult	Mental Health Outpatient Care 60 minutes	\$ 204.75
H0018 Adult	Crisis Residential Services	\$ 371.70
H0038 Adult	SA Recovery Supports Services – TF	\$ 4.20

Peer Support: The program will fund 3 peer supports who will work with participants in overcoming obstacles. The peer support specialists will not work more than 100 hours combined per fiscal year at a rate of \$15.00 per hour. Peer support specialists will also assist participants who struggle with transportation. Mileage for travel will be provided by each peer support specialist, will based on the county rate but not to exceed the state rate:

County rate X 100 miles per month = \$650

Can Do Agency: This agency will provide both substance abuse counseling and drug testing for participants who are indigent. Approximately 6 participants will receive services. A licensed therapist will attend team meetings and court review session. Services will include:

Assessment	99019	\$100-\$150
Individual	99204	\$50-\$65
Group	99302	\$25-\$35
Med Review	88816	\$75-\$95
Urine Drop		\$25-\$50
Specific Drug		\$50-\$120
Comprehensive Test		\$75-\$125

Licensed therapist to attend team meetings and court review sessions: \$50 per hour.

LMC Agency: This agency will provide MAT services to participants with SUD. Services will be provided by the grant for those who are uninsured or underinsured to include copays for indigent participants. The county will provide local cash to supplement grant funds. Services include:

Initial Office Visit/Assessment	99214	\$150 - \$200
Follow up Office Visit	99213	\$90 - \$145
Presumptive Drug Screening	99012	\$15 - \$55
Vivitrol	J2315	\$1,000 -\$1,450 per dose
Injection Fee	96372	\$20 - \$50
X-Rays	99651	\$50 - \$150

123 Pharmacy, XYZ Corner Pharmacy, Hometown Pharmacy: Local pharmacies will provide MAT medication to participants. Grant will cover cost for those individuals who do not have insurance, are underinsured, and copays for indigent participants. Medication includes:

Methadone	\$100 - \$1,300 per prescription
Suboxone	\$50 - \$75 per prescription

INFORMATION NEEDED FOR CLAIMS

*****Backup documentation should be uploaded in the same order as it appears on the “request summary.”*****

- Invoices must include the date of service, service provided, rate for the service, and total amount.
- Receipts must show the date, item purchased, number of units purchased, cost per unit, and total amount.
- Upload subrecipient subcontracts before submitting the claim. SCAO can only reimburse subrecipients when the subcontract is uploaded.

TIP

- Submit invoices by one subrecipient or contractor/vendor in monthly order, then another subrecipient or contractor/vendor, and so on.
- Review invoices to ensure that the rate billed matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.

Supplies

*General office supplies are items that are purchased and stored for use throughout the fiscal grant year. They must be items that can be used up within the fiscal grant year (pens, paper, toner, business cards). Items that cannot be used up within the fiscal grant year are not allowed (staplers, computer mouse, file holders, printers, laptops, etc.).

Must include the following:

- Rate X unit.
- Identify what supplies are being purchased for graduation refreshments and office supplies.

Shortcut:

- Use the highest rate for a service if there are multiple rates.

Supplies							Add
Type of Supply	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total	
Incentives (includes graduation award)	Max up to \$25 per incentive	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	
General Office Supplies	Not to exceed \$500 per year	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	
Graduation Refreshment	Not to exceed \$150 per graduation x 1	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	
Graduation Refreshment 2nd example	4 graduations per year X \$50	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00	
Bus Tokens	up to \$5.00 per token	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	
Drug Testing Supplies	testing cups/stick up to \$25, gloves up to \$50 and wipes up to \$5	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$6,000.00	
Gas Card	\$5 gas card X 260	\$1,300.00	\$0.00	\$0.00	\$0.00	\$1,300.00	
		\$7,250.00	\$3,000.00	\$0.00	\$0.00	\$10,250.00	

Supplies Justification

Supplies Justification *

Justify supply costs associated with the proposed project.

Incentives (graduation awards) are provided to the participant at the transition of one phase to the next, provided for achieving small milestones within in the program, at times when addressing difficult situations appropriately. Incentives can be gift cards, tokens, inspirational posters, or something that is of interest to the participant. Incentives/graduation awards will not exceed the \$25 maximum award per participant per incentive.

General Office supplies will include, pens, copy paper, note pads, toner, post it notes, folders, business cards, and other items that can be used within the grant year, not to exceed \$500 in purchases for the year.

Graduation Refreshment: the program will host one graduation with approximatel 50 graduates, family members, court team and staff, and other stakeholders of the program. The graduation refreshments will include the purchase of food (pizza, subs, take out), beverages (pop, punch), and supplies such as napkins, paper plates, and plasticwear.

Graduation Refreshment 2nd example: the program will provide a graduation celebration for each participant. The refreshment will include cake, cupcakes, pizaa, donuts (participant's choice) and pop or punch, not to exceed \$50 per graduation. Paper products will be supplied by the court.

Bus tokens: The program will provide bus tokens to participants who lack appropriate transportation to get to court, and program requirements. Bus tokens vary in cost but will not exceed \$5.00 per token.

Drug testing supplies will include testing cups/sticks that have various ranges but do not exceed \$25 per testing cup/stick. Additionally, the purchase of gloves and wipes are needed to perform the tests conducted by the case managers. Two boxes of gloves not to exceed \$50 per box and 5 boxes of wipes not to exceed \$5. The court will provide equal funding for the drug testing supplies.

Gas Cards: the purchase of gas cards in the amount of \$5 to assist participants in getting to all requirements. It is expected that 5 gas cards will be given each week to indigent individuals.

INFORMATION NEEDED FOR CLAIMS

*****Backup documentation should be uploaded in the same order as it appears on the "request summary."*****

- Invoices and receipts must show the date of purchase, item purchased, number of units purchased, cost per unit, and total amount.

TIP

- Review invoices/receipts to ensure that the rate billed matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.

Travel

Must include the following:

- Rate X unit for each line.
- Court staff, participant, or participant family mileage (subrecipient or contractor/vendor mileage should NOT appear in this section). Note: Reimbursement cannot exceed the lesser of the Grantee’s published travel rates or allowable State of Michigan travel rates. Exceptions to this for unusual situations require prior approval by the SCAO before incurring the expense.

Shortcuts:

- Use the term “state rate, county rate, or city rate” as the value for the mileage the court uses. All invoices/backup documentation for the travel must contain the actual rate charged.

Travel							Add
Type of Travel	Computation	Request	Other Grant or Funding Sources	Local Cash Contribution	Local In-Kind Contribution	Total	
MATCP conference	3 X\$305	\$915.00	\$3,004.00	\$0.00	\$0.00	\$3,919.00	
Case manager home check/random drug testing	100 miles X 12 months =1200 at the county rate	\$654.00	\$0.00	\$0.00	\$0.00	\$654.00	
Participant/family of participant	county rate X1000 miles	\$545.00	\$0.00	\$0.00	\$0.00	\$545.00	
		\$2,114.00	\$3,004.00	\$0.00	\$0.00	\$5,118.00	

Travel Justification
<p>Travel Justification*</p> <p><i>Justify travel costs associated with the proposed project.</i></p> <p>Registration for three team members at \$305 per person, \$915. The court will cover the cost of the hotel, meals, and mileage.</p> <p>Case Manager travel is required to do home checks to monitor curfew compliance and random drug testing. It is estimated that 100 miles will be traveled each month. The mileage rate will be reimbursed at the county rate.</p> <p>Participant or family members of participants who provide transportation for a participant to attend court requirements. It is expected that 1000 miles will be reimbursed for those who are on limited income or indigent. Mileage reimbursement will be at the county rate.</p>

INFORMATION NEEDED FOR CLAIMS

*****Backup documentation should be uploaded in the same order as it appears on the “request summary.”*****

- Invoices and receipts must show the date of purchase, item purchased, number of units purchased, cost per unit, and total amount.
- Travel logs must include the date of travel, the reason for travel, the number of miles traveled, rate per mile, and total cost.

TIP

- MATCP: the registration confirmation is the document needed to support the request for reimbursement for each person charged to the grant for attending MATCP. Each individual registration confirmation which includes the name of the person who attended must be uploaded at the time of requesting reimbursement. Note: mileage, lodging, and food to attend trainings is not reimbursed by the grant, unless the training is mandatory per SCAO.
- Review invoices to ensure that the rate billed matches the approved budget. If it does not match, complete a contract amendment before submitting the claim.